

## **NMHA Position Statement**

### **Cultural and Linguistic Competency in Mental Health Systems**

#### **NMHA Program Policy P-38**

NMHA believes that it is essential that all aspects of mental health systems be reflective of the diversity of the communities that they serve and that mental health agencies strive to become and remain culturally and linguistically competent. A culturally and linguistically competent mental health system incorporates skills, attitudes, and policies to ensure that it is effectively addressing the needs of consumers and families with diverse values, beliefs, and sexual orientations, in addition to backgrounds that vary by race, ethnicity, religion, and language. This requires a thorough understanding of the culture and language of substantial limited English-speaking communities and also of the deaf, sexual minority and elder communities<sup>1</sup>. NMHA urges that planning and advisory councils and governing boards, staff and peer service workers all be chosen and trained to reflect cultural and linguistic diversity as a basic civil right <sup>2</sup>.

#### **Background**

Unfortunately, many mental health systems and agencies, including those that serve highly diverse populations, pay only lip service to these concepts, despite the significant impact that cultural and linguistic competence has on both positive outcomes and costs. In order to improve the cultural sensitivity and responsiveness of mental health delivery systems, the NMHA urges all organizations that provide mental health services to:

- Have a formalized, written cultural and linguistic competency plan.
- Form planning and advisory councils and governing boards with diverse and culturally and linguistically competent membership, reflective of the communities being served.
- Provide enrollment and educational materials in different languages and in Braille, consistent with the linguistic diversity of the population being served.
- Pre-test the reader-friendliness of enrollment and education materials with focus groups comprised of persons who are reflective of the cultural and linguistic diversity of the population.
- Measure the reader-friendliness of such materials as an indicator in consumer satisfaction surveys.
- Ensure availability of providers with language skills that complement the languages spoken by the population being served and provide needed linguistic support and translation services, including sign language services, to consumers and families at no cost to them, beginning at the point of entry into the system and throughout the course of care.
- Develop and implement standards for recruitment and hiring of culturally and linguistically competent leadership and staff.
- Develop care plans that are compatible with consumers' community environments.

- Direct consumers and their families to treatment modalities that are culturally acceptable to them to ensure the likelihood of acceptance of and compliance with the treatment plan (including sensitivity not only to linguistic and cultural factors, but also to religious beliefs and sexual orientation).
- Have a regular quality monitoring program with indicators that separately evaluate both the quality of services and outcomes with respect to culturally diverse populations.
- Provide regular cultural and linguistic competency training for leadership and providers.
- Ensure that providers have an understanding of the cultural attitudes about healing systems held by the consumers whom they serve.
- Ensure that providers have an understanding of the family dynamics of the consumers whom they serve.
- Ensure that providers are skilled in specialized assessment and treatment techniques to serve consumers with diverse ethnicity or sexual orientations.

### **Effective Period**

This policy was approved by the NMHA Board of Directors on March 11, 2006. It will remain in effect for five (5) years and is reviewed as required by the NMHA Public Policy Committee.

Expiration: March 11, 2011

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1. Communities that have adopted a legal standard have often used a threshold of five percent of the population served.
  2. Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, provides that no person shall, "on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." See also UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (2004).